Adolescents and Young People
High Impact Practices (HIPS):
Improving sexual and reproductive
health of young people

April 25th, 2019

Nandita Thatte, WHO/IBP, Moderator

Nandita leads the WHO/IBP Secretariat based in Geneva. Her current portfolio includes institutionalizing the role of WHO/IBP to support dissemination, implementation, and scale up of WHO guidelines and strengthening the linkages between IBP partners and WHO researchers to inform new areas for implementation research. Prior to joining WHO, Nandita was a Technical Advisor in the Office of Population and Reproductive Health at USAID where she supported programs in West Africa, Haiti and Mozambique. She has a DrPH in Prevention and Community Health from the George Washington University School of Public Health.
Welcome and Introduction
Presentations
Comments & Reflections
Questions
Closing

Before we Begin

Webinar will be recorded
Submit your questions anytime! We’ll do Q&A after the presentations
Visit our website:
  fphighimpactpractices.org
The WHO/IBP Initiative and the High Impact Practices in Family Planning

The IBP Initiative is a WHO housed network of NGO and CSO Partners working to support the dissemination and use of evidence based guidelines and programmatic practices in family planning and reproductive health.

Strategic Objectives:
1. Increase access to evidence based guidelines and tools
   • WHO Guidelines, High Impact Practices
2. Support implementation and scale up
   • Online Communities of Practice, Webinar Series Documentation
3. Facilitate partnership and collaboration
   • Support to Global and Regional Meetings Linking with other WHO, UN, and global partnerships

Overview of the High Impact Practices in Family Planning (HiPs)

• Set of evidence based programmatic interventions
• Informed by a Technical Advisory Group (TAG)
• Criteria for inclusion:
  • Demonstrated impact on contraceptive use
  • Relevance in a variety of country contexts
• Consideration also given to:
  • Replicability
  • Scalability
  • Sustainability
  • Cost-effectiveness
• 2-page HIP list of all practices
• Materials translated into 4 languages (English, French, Spanish, Portuguese)

It is a PROCESS that is EVOLVING and built on PARTNERSHIPS and COLLABORATION
HIP products to inform youth programming

• Evidence Briefs
• Evidence Summaries
• HIP Enhancements
• Strategic Planning Guides

Service Delivery HIPs: Adolescents

• Service delivery interventions that can increase access to contraceptive
• Organized by strength of the evidence
HIP Enhancement—Adolescent-Friendly Contraceptive Services: Mainstreaming Adolescent-Friendly Elements Into Existing Contraceptive Services

- Implemented in conjunction with HIPs to intensify impact

Enabling Environment: Educating Girls

- Evidence-based practices that increase girls’ enrollment, retention, and participation in school
- Recommendations for how the health sector can help support keeping girls in school
Social & Behavior Change HIPS: Adolescents

- Work through community groups to influence individual behaviors and social norms
- Digital technologies may reduce time and cost for seeking services

HIP Strategic Planning Guide—Adolescents

- Strategic guidance to help to identify and prioritize interventions
Promoting HIPs through IBP to support youth and adolescent programming

- Dissemination
  - Webinars, Global and Partner Meetings, Knowledge Exchanges

- Implementation and Scale up
  - IBP Member Survey found Adolescent Strategic Planning Guide one of the most widely used products promoted by IBP
  - Used as a general resource, to expand personal knowledge, inform program design

- Documentation
  - Youth led Documentation of Adolescent Friendly Services in India and Colombia

- Programmatic Linkages to WHO Guidelines and other UN resources
  - AH‐HA Framework
  - WHO Guidelines and Recommendations

Today’s Panelists

Michelle Weinberger
Avenir Health

Barwani Msiska,
College of Medicine, Malawi

Amy Uccello
PSI
Michelle Weinberger, Avenir Health
Michelle Weinberger is a Senior Associate with Avenir Health. She provides technical support to Track20, conducts analysis and develops models related to reproductive health. She has extensive experience developing quantitative models and analysis to inform strategic policy and programmatic decision making. Ms. Weinberger demographer with a focus on family planning and reproductive health. Before joining Avenir Health, she headed the Impact Analysis team at Marie Stopes International, where she oversaw the development of impact models and metrics. Ms. Weinberger has an MSc in Population and Development from the London School of Economics (LSE).

What does the data tell us about adolescents?

Track20 Opportunity Analysis
Adolescent HIPs Webinar
April 25, 2019

Michelle Weinberger
What data do we have about adolescents?

Survey Data
Generally from household based surveys such as DHS, MICS, and PMA2020.
Secondary analysis of datasets can uncover more findings.

Routine Data
From health management information systems (HMIS) such as DHSI2.
Some countries have age disaggregated indicators.

How can we use this data in inform adolescent programming?

- **Context**: understand patterns and trends
- **Opportunities**: identify where needs are greatest
- **Monitoring**: see if programs are having the intended effect

Different questions depending on what you are using the data for.
Can look across countries as well as at variation within countries.
What adolescent needs are we talking about?

**Contraceptive Services**
Narrow focus: married and unmarried sexually active adolescents who want to avoid a pregnancy

**Addressing social norms and the enabling environment**
Wider focus: reach adolescents before they become sexually active, address norms among both married and unmarried adolescents.

Context: large variation in timing of key life events

- Average gap between first marriage and first birth: 2 Years
  - Min: 1.4 Years - Afghanistan | Max: 3.5 Years – Comoros
- Average gap between first sex and first birth: 2.4 Years
  - Min: 1.4 Years - Zimbabwe | Max: 4.8 Years - Haiti
**Context:** contraceptive use among married & unmarried adolescents (15-19)

This graph shows use WITHIN each group, but does not tell us about their size or their contraceptive needs!

Source: DHS Statcompiler most recent survey in each country with data available

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**Moving to opportunities:** select country examples

Average gap between first marriage and first birth: 2 Years
- Min: 1.4 Years - Afghanistan | Max: 3.5 Years – Comoros

Average gap between first sex and first birth: 2.4 Years
- Min: 1.4 Years - Zimbabwe | Max: 4.8 Years - Haiti
Opportunities: where is unmet need the greatest? (among adolescents)

Note: unmarried sexually active based on sex in the last year

Opportunities: where is unmet need the greatest? (adolescents as a share of all women of reproductive age)

Note: unmarried sexually active based on sex in the last year
Monitoring: using routine data to understand sub-national variation

Tanzania: HMIS Portal

Monitor changes after implementing a program—did it have impact?

DRC: T20 Service Statistics Brief

Further work needed to understand why provision is low—is it a reporting issue? Is it a demand issue? Is it an issue with service provision?

Given the burden on routine systems to track age of client we suggest an aggregated <20 vs 20+ approach rather than more detailed age groups.

Key messages

• There is a lot of data on adolescents → you just need to know where to look!

• Married and unmarried adolescents have very different needs → it’s important to not just talk about a singular ‘adolescent’ when developing programs

• There is large variation among adolescents within and across countries → programs must take country context into account
Get more data!


1: Cross country comparisons

2: Youth Opportunity Briefs for each FP2020 country

French coming soon!

Thanks!
Amy Uccello, Population Services International

Amy Uccello has over 19 years of global health experience focusing on adolescent sexual and reproductive health, family planning, HIV and maternal/child health. Amy serves as the Sr. AYSRH Technical Advisor for Population Services International bringing health products & services to young people as part of our Youth-Powered Healthcare approach working in public/private facilities, the community and beyond. Prior to joining PSI, Amy served as a Youth and Family Planning Technical Advisor at USAID in the Office of Population and Reproductive Health, offering technical assistance to global projects, USAID Missions, USAID staff and implementing organizations worldwide. At USAID Amy also served on the Intra-Agency YouthCorp on cross-sectoral youth approaches and Positive Youth Development.

PSI’s approach using the HIPs to Improve AYSRH: An Implementer Experience

Amy Uccello, Sr. AYSRH Technical Advisor, PSI
April 25, 2019
What does a High Impact Practice mean to a girl?

YOUTH-POWERED HEALTHCARE

From Youth-Centered to Youth-Powered
January 2016–June 2020
USD 30 million
Ethiopia, Tanzania, Nigeria
Reimagining contraceptive services with and for girls (15-19), unlocking hope & rapid contraceptive uptake.

We go where girls tell us to go.
Adolescent Friendly Contraceptive Services

Friendly According to Whom?

“Best for You” YOUTH VOICE

• Offers the HOW we define & deliver
• Allow the HIPs to leap off the page
• Services become more useful
• Programs become more resonant

HIP Recommends: “Conduct a needs assessment to identify the most effective approaches to reaching sexually active adolescents with contraceptive services”

260+ A360 young designers helped us dig deep into girl-powered insights

• “I’m not having sex, he’s having sex with me.”
• Contraception at odds with girls’ dreams of motherhood

How to do it: Tips from implementation experience

Getting Youth-Powered

Action:

• Research/programs do not ask about sexual behavior as an entry to counseling or services.
• Lead with protecting/returning to fertility
**Getting Youth-Powered**

**HIP Recommends:** “Use multiple service modalities to reach a wider range of adolescents.”

Young people’s inputs helped us determine what was most useful for target consumers. We learned that one size does not fit all & convenience is only one factor.

**Action:**
- To normalize & legitimize use, girls in N. Nigeria wanted services at public facilities at regular hours.
- Newly married Ethiopian girls were ignored by HEWs. Now added to home visits as valid FP clients.
- Tanzanian girls get services at public & private locations, at peak and off hours, on weekdays and on Saturdays.

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**Getting Youth-Powered**

**HIP Recommends:** “Train providers to offer adolescent-friendly services.”

Working side-by-side with young people builds empathy between clients and providers. Youth can, and should take part in ensuring provider quality.

**Action:**
- Girls identify ‘positive deviant’ providers for additional YFHS training.
- Young people are charged with tracking quality by serving as mystery clients.
Youth routinely review data; assess implementation and determine if adaptation is needed. Young people are not only recipients but also problem-solvers.

**Action:**
- Youth interview young beneficiaries and providers as part of routine site supervision
- Youth assess findings on program effectiveness to influence, in real time, how to refine services
- Rooted out “Avoid Temptation” messaging in TZ schools

HIP Recommends: “Reinforce training through supportive supervision, job aids, and mentorship to change provider attitudes and behaviors”

A360 maintains FP clinical confidentiality and privacy standards regardless of age. Yet stigma remains for youth. Young people noted experiencing stigma at services by fellow young clients.

**Action:**
- Young people are offered an on-the-spot opt-out moment, meaning all girls see a provider.
- Events are highly engaging, so girls are not listening or timing service provision of their compatriots.
- Exploring UICs
Getting Youth-Powered

**HIP Recommends: “Tailor health communication to the needs and interests of adolescents”**

We listened to girls about their achievable dreams and did not restrict our offering to health alone. Girls express anxiety about unstable futures, and desire financial and social stability as critical assets to achieving their immediate goals.

**Action:**
- Cross-sectoral programming that leads with income generation and/or financial planning and ends with contraception.
- “A Girl With A Plan” is preparing to become a healthy mother when she is ready.

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Getting Youth-Powered

**HIP Recommends: “Offer a full range of contraceptive options”**

Full range of methods are being made available and yet some hesitancy remains. When we offer Long-Acting Reversible Contraception, some girls hear infertility.

**Action:**
- S. Nigeria stopped using the term “long-acting,” now use the term “implant” w/ full explanation of length of effectiveness – uptake has increased
HIP Recommends: “Pay attention to gender and social norms to ensure successful investments in Adolescent Friendly Contraceptive Services.”

When girls defined for us their influencers, girls segmented themselves differently and programs varied widely.

Girls told us what counted as “safe spaces,” some with partners/parents & some without.

**Action:**

- “We trust partners less than thieves” vs. “I want my husband present” vs. “I want programming for my husband as separate from my own programming.”
- Segments created by girls in Tanzania according to more/less independence from their mothers.

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**Our results.**
Kuwa Mjanja | Jan. ’18 - Feb. ’19

126 events in 11 regions
Adopters of modern contraception.
66,519
70%
62%

Of girls who volunteer with Kuwa Mjanja voluntarily adopt a contraceptive method.
Of girls who volunteer uptake a LARC, a number that exceeds the national 20% LARC uptake average among the same age group.

Smart Start | Jan. ’18 - Feb. ’19

50 kebeles (sites)
Adopters of modern contraception.
17,554
69%
22.5%

Of girls who volunteer with Smart Start voluntarily adopt a contraceptive method.
Of girls who volunteer uptake a LARC, a number that exceeds the national 18% LARC uptake average among the same age group.
9ja Girls | Jan. '18 - Feb. '19

- 42 sites across 9 states
- 36,056
- 68%
- 23.5%

Adopters of modern contraception.
Of girls who engage with 9ja Girls voluntarily adopt a contraceptive method.
Of girls who voluntarily uptake a LARC, a number that exceeds the national 0% LARC uptake average among the same age group.

MMA | Jan. '18 - Feb. '19

- 4 sites across 2 states
- 3,223
- 77%
- 28%

Adopters of modern contraception.
Of girls who engage with MMA voluntarily adopt a contraceptive method.
Of girls who voluntarily uptake a LARC, a number that exceeds the national 0% LARC uptake average among the same age group.
Now that we’ve taken a youth-powered approach to Adolescent Friendly Contraceptive Services, there is no reason why we couldn’t do the other HIPs as well, including:

- **Strategic Planning Guide**
- **Educating Girls**
- **Community Group Engagement**
- **Digital Health for Social and Behavioural Change**
Comments & Reflections
By
Barwani Msiska

Questions & Answers
Before we close:

Recording will be shared tomorrow.
Also find it here:
http://www.fphighimpactpractices.org/hip-webinars/

Presentation available here:
http://www.fphighimpactpractices.org/hip-webinars/

For more information, please visit:

www.fphighimpactpractices.org

www.ibpinitiative.org

www.familyplanning2020.org

THANK YOU